## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10817292

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			_		(Coldinii 2)		j. ,		<u> </u>	OR 7		
101/12 0B 11/10			14		· ·	•		RATE	FEE	┨.	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			1 \( \psi\) minus 20=		*	· -	·	X\$ 9=		OR	X\$18=	
INE	EPENDENT C	LAIMS	minus 3 =		<u> </u>			X43=		OR	X86=	·
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	776	
CLAIMS AS AMENDED - PART II								101712	<u> </u>	1011	OTHER	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	] [	X43=		OR	X86=	
Ĺ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL	,		TOTAL	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS		HIGH	EST		7		ADDI-	1		ADDI-
		REMAINING - AFTER - AMENDMENT		NUME PREVICE PAID I	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	]	X43=		0.0	X86=	
۷	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		]	7.10-		OR	7.00-	•
								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	<b>\</b> .	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	╽┟	X43=			X86=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<del> </del>	7.10-		OR	7.55-	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r foun	d in the app	ropriate box	in col	ımn 1.	